

Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning _____, and ending _____

84-1266231

SECOND CHANCE HUMANE SOCIETY, INC.

Net Asset / Fund Balance at Beginning of Year 1,201,108

Revenue

Contributions	<u>1,385,143</u>				
Program service revenue	<u>50,007</u>				
Investment income					
Capital gain / loss	<u>-2,100</u>				
Fundraising / Gaming:					
Gross revenue	<u>53,860</u>				
Direct expenses	<u>13,950</u>				
Net income	<u>39,910</u>				
Other income	<u>6,917</u>				
Total revenue				<u>1,479,877</u>	

Expenses

Program services	<u>823,362</u>				
Management and general	<u>103,613</u>				
Fundraising	<u>57,678</u>				
Total expenses				<u>984,653</u>	
Excess / (deficit)					<u>495,224</u>

Changes _____

Net Asset / Fund Balance at End of Year 1,696,332

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>1,479,877</u></u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>984,653</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>1,705,840</u>	<u>2,452,891</u>	
Liabilities	<u>504,732</u>	<u>756,559</u>	
Net assets	<u><u>1,201,108</u></u>	<u><u>1,696,332</u></u>	<u><u>495,224</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 08/15/16
 Failure to file penalty _____

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **SECOND CHANCE HUMANE SOCIETY, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 2096
 City or town, state or province, country, and ZIP or foreign postal code
RIDGWAY CO 81432-2096

D Employer identification number: **84-1266231**
E Telephone number: **970-626-2273**
G Gross receipts \$: **1,495,927**

F Name and address of principal officer:
ASHLEY BRADLEY
P.O. BOX 2096
RIDGWAY CO 81432

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.ADOPTMOUNTAINPETS.ORG** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1994** **M** State of legal domicile: **CO**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	54
	6 Total number of volunteers (estimate if necessary)	6	89
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	772
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	957,727	1,385,143
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,504	50,007
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9	-2,100
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,836	46,827
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	993,076	1,479,877
	14 Benefits paid to or for members (Part IX, column (A), line 4)	21,096	50,000
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	488,282	584,876
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 57,678		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	274,517	349,777
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	783,895	984,653
19 Revenue less expenses. Subtract line 18 from line 12	209,181	495,224	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,705,840	2,452,891
	22 Net assets or fund balances. Subtract line 21 from line 20	504,732	756,559
		1,201,108	1,696,332

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **DUDLEY CASE** Date: **SECRETARY/TREASURER**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **STEPHEN M. PETERSON** Preparer's signature: **STEPHEN M. PETERSON** Date: **06/22/16** Check if self-employed PTIN: **P00512874**
 Firm's name: **MAXFIELD PETERSON, PC** Firm's EIN: **46-0513214**
 Firm's address: **1203 NORTH 1ST STREET**
MONTROSE, CO 81401 Phone no.: **970-249-9074**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **355,670** including grants of \$) (Revenue \$ **60,989**)

OPERATE ANIMAL SHELTER: PROVIDE CARE FOR LOST, ABANDONED, SURRENDERED AND HOMELESS DOMESTIC ANIMALS IN OURAY AND SAN MIGUEL COUNTIES IN SOUTHWESTERN COLORADO. PROGRAMING INCLUDES MEDICAL CARE, SPAY/NEUTERING, VACCINATING, MICROCHIPPING, SHELTERING, ADOPTION PLACEMENT, PRE-ADOPTION MEDICAL SERVICES, LOST/FOUND SERVICES, AND PHYSICAL AND BEHAVIORAL REHABILITATION. IN 2015 SECOND CHANCE ACCEPTED, PLACED, AND CARED FOR HUNDREDS OF ANIMALS.

4b (Code:) (Expenses \$ **324,401** including grants of \$) (Revenue \$ **670,100**)

OPERATION OF SECOND CHANCE THRIFT SHOPS LOCATED IN RIDGWAY AND TELLURIDE, COLORADO. ALL GOODS SOLD IN THE THRIFT SHOPS ARE DONATED AND ALL NET INCOME FROM THE SALE OF THESE GOODS IS APPLIED TO FUND ANIMAL CARE AND OPERATIONAL COSTS. DURING 2015, THE THRIFT SHOPS GENERATED GROSS SALES OF \$670,100 AND CONTRIBUTED THE MAJORITY OF GROSS INCOME TO THE ORGANIZATION (NOT INCLUDING A SPECIAL NON-RECURRING BEQUEST). IN ADDITION TO THEIR PRIMARY EXEMPT PURPOSE, THE THRIFT SHOPS ARE ONE THE COMMUNITIES LARGEST EMPLOYERS. MOREOVER, THEY SERVE AS AN IMPORTANT REGIONAL CENTER FOR RECYCLING HOUSEHOLD GOODS AND CLOTHING THAT MIGHT OTHERWISE END UP IN LANDFILLS.

4c (Code:) (Expenses \$ **143,291** including grants of \$ **50,000**) (Revenue \$ **24,165**)

OPERATION OF SECOND CHANCE HUMANE SOCIETY'S MANY PROGRAMS SUPPORTING OUR MISSION. THESE PROGRAMS INCLUDE COMMUNITY OUTREACH AND EDUCATION, MOBILE ADOPTIONS WITH OUR ADOPTION VAN, PRE-ADOPTION SPAY/NEUTER, SPAY/NEUTER ASSISTANCE, FERAL CAT MANAGMENT, AND THE WAGS AND MENACE FOUNDATION MEDICAL FUND -- WHICH IS A RESOURCE FOR CARE OF SPECIAL MEDICAL NEEDS. IN 2015, WE HAVE BEEN ABLE TO EXPAND THE COMMUNITY OUTREACH PROGRAM OFFERINGS TO INCLUDE PET TRAINING, CHILDRENS' READING AT LOCAL SCHOOL BY READING TO PETS, AND OUTREACH TO PLACE AND FOSTER PETS WITH SERVICE VETERANS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶ 823,362**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**SECOND CHANCE HUMANE SOCIETY P.O. BOX 2096
RIDGWAY**

CO 81432-2096 970-626-2273

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KELLY GOODIN EXEC. DIR & BOARD	50.00 0.00	X					63,387	0	0	
(2) ASHLEY BRADLEY PRESIDENT	10.00 0.00	X		X			0	0	0	
(3) MARTHA GEARTY VICE PRESIDENT	10.00 0.00	X		X			0	0	0	
(4) DUDLEY CASE SECRETARY/TREASURER	10.00 0.00	X		X			0	0	0	
(5) LAWRENCE MCREYNOLDS MD BOARD MEMBER	10.00 0.00	X					0	0	0	
(6) DAVID MULLINGS BOARD MEMBER	10.00 0.00	X					0	0	0	
(7) DAVID BOWMAN BOARD MEMBER	10.00 0.00	X					0	0	0	
(8)										
(9)										
(10)										
(11)										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 25,715				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,359,428				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,385,143			
Program Service Revenue	2a SHELTER OPERATIONS INCOME	Busn. Code	41,422		41,422	
	b SPAY NEUTER/FERAL CAT INCOME		8,585		8,585	
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		50,007			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.		2,100			
	c Gain or (loss)		-2,100			
	d Net gain or (loss)		-2,100	-2,100		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 53,860				
		b Less: direct expenses	b 13,950			
c Net income or (loss) from fundraising events			39,910		39,910	
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a OTHER MISC INCOME		6,145		6,145		
b INCIDENTAL NET RENTAL INCOME	531120	772		772		
c						
d All other revenue						
e Total. Add lines 11a-11d		6,917				
12 Total revenue. See instructions.		1,479,877	-2,100	772	96,062	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	50,000	50,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	537,479	456,857	53,748	26,874
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	5,860	4,102	1,172	586
10 Payroll taxes	41,537	29,076	8,307	4,154
11 Fees for services (non-employees):				
a Management	6,533	4,573	1,307	653
b Legal	2,550	1,785	510	255
c Accounting	2,551	1,786	510	255
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	108,916	104,966	2,586	1,364
12 Advertising and promotion	8,842	6,190	1,768	884
13 Office expenses	43,681	26,608	12,305	4,768
14 Information technology	3,615	2,530	723	362
15 Royalties				
16 Occupancy	40,747	28,523	8,149	4,075
17 Travel	3,088	2,161	618	309
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	33,113	26,449	5,009	1,655
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,250	56,250		
23 Insurance	30,694	21,506	6,901	2,287
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COGS	9,197			9,197
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	984,653	823,362	103,613	57,678
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest bearing	40,815	1	42,403	
	2 Savings and temporary cash investments	449	2	139,136	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	3,305	4	9,575	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9	3,696	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,458,622			
	b Less: accumulated depreciation	10b 200,793	1,660,771	10c	2,257,829
	11 Investments—publicly traded securities		11		
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	500	15	252	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,705,840	16	2,452,891		
Liabilities	17 Accounts payable and accrued expenses		17	4,678	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	416,788	22	385,332	
	23 Secured mortgages and notes payable to unrelated third parties	84,000	23	359,332	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,944	25	7,217	
	26 Total liabilities. Add lines 17 through 25	504,732	26	756,559	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,201,108	27	1,606,332	
	28 Temporarily restricted net assets		28	90,000	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	1,201,108	33	1,696,332		
34 Total liabilities and net assets/fund balances	1,705,840	34	2,452,891		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,479,877
2	Total expenses (must equal Part IX, column (A), line 25)	2	984,653
3	Revenue less expenses. Subtract line 2 from line 1	3	495,224
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,201,108
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,696,332

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. _____

	Yes	No
2a	X	
2b		X
2c		
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SECOND CHANCE HUMANE SOCIETY, INC.

Employer identification number

84-1266231

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	267,583	253,806	298,515	429,139	872,013	2,121,056
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	267,583	253,806	298,515	429,139	872,013	2,121,056
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						2,121,056

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	267,583	253,806	298,515	429,139	872,013	2,121,056
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	506		35	9	235	785
9 Net income from unrelated business activities, whether or not the business is regularly carried on	476	880	280		772	2,408
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					110,012	110,012
11 Total support. Add lines 7 through 10						2,234,261

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	94.93 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

2015

▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

SECOND CHANCE HUMANE SOCIETY, INC.

84-1266231

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SECOND CHANCE HUMANE SOCIETY, INC.	Employer identification number 84-1266231
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

SECOND CHANCE HUMANE SOCIETY, INC.

Employer identification number

84-1266231

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-2 regarding collections of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Temporarily restricted endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		686,865		686,865
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,771,757	200,793	1,570,964
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				2,257,829

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED TAXES PAYABLE	7,217
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,217

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

SECOND CHANCE HUMANE SOCIETY, INC.

Employer identification number

84-1266231

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FUNDRAISING (event type)	_____ (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	53,860			53,860
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	53,860			53,860
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,950			13,950
	10 Direct expense summary. Add lines 4 through 9 in column (d)				13,950
11 Net income summary. Subtract line 10 from line 3, column (d)				39,910	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		_____	_____	_____	_____
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

SECOND CHANCE HUMANE SOCIETY, INC.

Employer identification number

84-1266231

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	TELLURIDE ANIMAL FOUNDATION P.O. BOX 1881 TELLURIDE CO 81435	45-0839793		50,000				EXTEND SCHS REACH
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

RECIPIENT ORGANIZATION IS RESTRICTED BY A GRANT RESTRICTION AGREEMENT THAT

ALSO SPECIFIES THE OBLIGATIONS OF THE GRANTEE FOR REPORTING AND FOR

REGULATORY COMPLIANCE. PERIODIC REPORTING IS REQUIRED OF THE GRANTEE AND IS

REVIEWED BY THE GRANTOR FOR COMPLIANCE. THE AGREEMENT PROVIDES FOR FULL

INSPECTION OF THE BOOKS SHOULD THAT BE DEEMED NECESSARY AND APPROPRIATE.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open To Public Inspection

SECOND CHANCE HUMANE SOCIETY, INC.

Employer identification number

84-1266231

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)	ELIZABETH FARRAR, DVM SECURED MORTGAGE ON ANGEL	FORMER BD	MEMBER RIDGE	X		410,000	385,332		X	X		X	
(2)									X	X		X	
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							▶ \$	385,332					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

SECOND CHANCE HUMANE SOCIETY, INC.

Employer identification number

84-1266231

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		670,100	THRIFT STORES SALES
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I -- ALL REVENUE FROM THE THRIFT STORES IS DERIVED FROM THE SALE OF DONATED GOODS. THE VALUE DECLARED REPRESENTS THE TOTAL THRIFT STORES' REVENUE.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015**Open to Public
Inspection**

Employer identification number

SECOND CHANCE HUMANE SOCIETY, INC.**84-1266231****FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

SAVING ANIMAL'S LIVES AND PROMOTING RESPONSIBLE PET PARENTING & THE HUMAN-ANIMAL BOND. SECOND CHANCE HUMANE SOCIETY OPERATES AN ANIMAL SHELTER AND IS A PROVIDER OF HUMANE EDUCATION AND PREVENTION PROGRAMS, INCLUDING SPAY/NEUTER ASSISTANCE, MOBILE ADOPTION, SAFE HARBORING AND PET THERAPY.

FORM 990 - ORGANIZATION'S MISSION

MISSION STATEMENT: SAVING ANIMAL'S LIVES AND PROMOTING RESPONSIBLE PET PARENTING AND THE HUMAN-ANIMAL BOND. SECOND CHANCE HUMANE SOCIETY OPERATES AN ANIMAL SHELTER AND IS A PROVIDER OF EDUCATION AND PREVENTION PROGRAMS INCLUDING SPAY/NEUTER ASSISTANCE, MOBILE ADOPTION, SAFE HARBORING, AND PET THERAPY FOR CHILDREN, THE ELDERLY, THE SICK, AND THE DISABLED.

FORM 990, PART VI - ADDITIONAL INFORMATION

SECTION C. SECOND CHANCE HUMANE SOCIETY MAKES BUSINESS INFORMATION AVAILABLE AS FOLLOWS: ARTICLES OF INCORPORATION - VIA COLORADO SECRETARY OF STATE WEBSITE. BYLAWS AND CONFLICT OF INTEREST DISCLOSURE POLICY - AVAILABLE FOR REVIEW UPON REQUEST. FINANCIAL INFORMATION -- SECOND CHANCE ENSURES TRANSPARENCY BY MAKING BOARD OF DIRECTORS' MEETINGS OPEN TO THE PUBLIC. CURRENT FINANCIAL STATUS IS REVIEWED AT EACH MEETING, AND MEETINGS ARE NOTICED ON OUR WEBSITE. ANNUAL FINANCIAL INFORMATION IS ALSO AVAILABLE ON OUR ANNUAL REPORT AND ON THE COLORADO SECRETARY OF STATE WEBSITE.

FORM 990, PART VI, LINE 1A - AUTHORITY DELEGATED TO COMMITTEE EXPLANATION
COMPENSATION ISSUES, LEGAL MATTERS, BOARD OVERSIGHT

Name of the organization

SECOND CHANCE HUMANE SOCIETY, INC.

Employer identification number

84-1266231

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
TREASURER, FINANCE COMMITTEE, AND E.D. REVIEW AND APPROVE BEFORE FILING

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
CONFLICTS DISCLOSED ARE REVIEWED AND IF NECESSARY OFFICERS RECUSE
THEMSELVES FROM ANY VOTE OR DISCUSSION OF MATTERS IN WHICH THERE IS EVEN
THE APPEARANCE OF A CONFLICT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
REVIEW AND APPROVAL FOR TOP OFFICIAL (EXECUTIVE DIRECTOR) IS DONE BY
INDEPENDENT ADVISORS USING MARKET COMPARABILITY DATA, AND HISTORY AND
PERFORMANCE BENCHMARKS. DELIBERATIONS AND DECISIONS ARE SUBSTANTIATED IN
CONTEMPORANEOUS NOTES AND RECORDS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
KEY EMPLOYEE COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE
COMMITTEE AFTER CONSIDERATION OF ACHEIVEMENT AND MARKET FACTORS. SECOND
CHANCE RELIES UPON THE SALARY SURVEY GUIDE PUBLISHED BY THE COLORADO
NONPROFIT ASSOCIATION TO ESTABLISH COMPENSATION LEVELS CONSISTENT WITH
INDUSTRY STANDARDS IN OUR AREA AND WITH OUR INDUSTRY. VERY DETAILED, THIS
GUIDE PROVIDES DATA ACCORDING TO POSITION, SIZE OF THE ORGANIZATIONAL
BUDGET, AND GEOGRAPHIC REGION. THE FOLLOWING POSITIONS ARE EVALUATED USING
THIS GUIDE: EXECUTIVE DIRECTOR, BUSINESS MANAGER, AND SHELTER MANAGER.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC

Name of the organization

Employer identification number

SECOND CHANCE HUMANE SOCIETY, INC.

84-1266231

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

PROGRAM SERVICE

MGT & GENERAL

FUNDRAISING

ANIMAL CARE FOOD AND EXPENSES

\$ 71,090

\$ 0

\$ 0

SPAY-NEUTER PROGRAM COSTS

\$ 4,380

\$ 0

\$ 0

VOLUNTEER SERVICES

\$ 62

\$ 16

\$ 79

PAYROLL SERVICE FEES

\$ 3,584

\$ 1,024

\$ 512

CREDIT CARD MERCHANT FEES

\$ 12,705

\$ 0

\$ 0

FACILITY REPAIRS AND MAINT

\$ 13,145

\$ 1,546

\$ 773

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return

SECOND CHANCE HUMANE SOCIETY, INC.

Identifying number

84-1266231

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	56,250

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	56,250
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current	
Other Depreciation:										
1	Thrift Shop Building	4/13/01	106,572			106,572	39 MO S/L	37,347	2,733	
7	2008 Quickbooks Non Profit Edition	1/08/08	334			334	5 MO S/L	334	0	
8	Printers	2/10/08	656			656	5 MO S/L	656	0	
9	Laptop	2/10/08	1,157			1,157	5 MO S/L	1,157	0	
11	2 ea. Desktops & Server	2/10/08	4,023			4,023	5 MO S/L	4,023	0	
12	Wireless Modems	2/10/08	81			81	5 MO S/L	81	0	
14	Client & Server Anit Virus Software	4/03/08	315			315	5 MO S/L	315	0	
15	All-In-One Printer	5/12/08	185			185	5 MO S/L	185	0	
17	Photo Viewer	7/14/08	243			243	5 MO S/L	243	0	
18	Dog Run Improvements	2/20/08	13,600			13,600	15 MO S/L	6,198	907	
19	Thrift Shop Land	4/13/01	122,615			122,615	0 -- Land	0	0	
22	Canon Digital Camera	12/05/06	137			137	5 MO S/L	137	0	
24	Used Clothes Dryer	8/21/09	249			249	5 MO S/L	249	0	
27	2009 Thrift Shop Improvements	11/25/09	21,665			21,665	15 MO S/L	7,341	1,444	
28	2 ea. Backup Disk Drives	1/06/01	195			195	5 MO S/L	195	0	
30	5-4-10 Laptop Computer	5/04/10	600			600	5 MO S/L	521	79	
31	Home Again Microchip Scanner	9/08/10	200			200	5 MO S/L	172	28	
32	POS System Hardware	9/08/10	1,014			1,014	5 MO S/L	875	139	
33	2010 Thrift Shop Improvements	10/01/10	46,669			46,669	15 MO S/L	13,228	3,111	
34	GE Washing Machine	10/04/10	650			650	5 MO S/L	551	99	
35	Thrift Solar Voltaic System	11/15/10	14,000			14,000	15 MO S/L	3,850	933	
36	7-5-11 Shelter Desktop Computer	7/05/11	380			380	5 MO S/L	265	76	
37	New Cat Enclosures	10/20/11	9,646			9,646	15 MO S/L	2,056	643	
38	Thrift Storage Building	11/25/11	899			899	5 MO S/L	558	180	
39	11-9-11 Shelter Manager Laptop	11/09/11	603			603	5 MO S/L	380	121	
40	Thrift Security System	12/12/11	499			499	5 MO S/L	305	100	
41	Ange Ridge Ranch 39 year	10/06/11	317,931			317,931	39 MO S/L	26,377	8,152	
42	Angel Ridge Ranch 15 year	10/06/11	31,964			31,964	15 MO S/L	6,892	2,131	
43	Angel Ridge Ranch Land	10/06/11	287,550			287,550	0 -- Land	0	0	
44	2011 Thrift Shop Improvements	10/12/11	2,168			2,168	15 MO S/L	467	145	
45	Shelter Design (for RLIP)	1/27/11	4,831			4,831	1 MO S/L	4,831	0	
46	Admin Laptop	1/04/12	536			536	5 MO S/L	320	216	
47	Dog Scale, Camera & Microscope	2/08/12	2,036			2,036	5 MO S/L	1,179	407	
48	2011 Chevrolet Express Van	4/18/12	19,299			19,299	5 MO S/L	10,433	3,860	
49	Shelter Entrance Sign	6/25/12	2,713			2,713	15 MO S/L	455	181	
50	Van Signage	7/17/12	1,250			1,250	5 MO S/L	614	250	
51	Palay Display Rack - Thrift	9/05/12	860			860	15 MO S/L	132	57	
52	Fujitsu Scanner	1/30/13	429			429	5 MO S/L	165	86	
53	1-30-13 Thrift Desktop	1/30/13	427			427	5 MO S/L	163	85	
54	The Dog Den 39 Year	7/01/14	690,167			690,167	39 MO S/L	8,848	17,697	
55	The Dog Den 15 year	6/30/14	62,216			62,216	15 MO S/L	2,085	4,148	
56	2014 Palay Display Rack - Thrift	3/31/14	1,652			1,652	15 MO S/L	83	110	
57	2014 Shelter Desktops	6/30/14	822			822	5 MO S/L	83	164	
58	2014 Admin Laptop	7/31/14	691			691	5 MO S/L	58	138	
59	2014 Credit Card Reader	11/30/14	326			326	5 MO S/L	6	65	
60	2014 Surgical Suite	11/29/14	12,495			12,495	15 MO S/L	74	833	
61	1998 Volvo V-90 SW	2/28/14	2,100			2,100	5 MO S/L	0	0	
	Sold/Scrapped: 4/10/15									
62	2014 Thrift Improvements - South Wall	11/02/14	5,045			5,045	15 MO S/L	56	336	
63	Dog Den Shed Roofs	2/13/15	29,527			29,527	15 MO S/L	0	1,739	
64	10-15 Cat Enclosures	10/21/15	4,993			4,993	15 MO S/L	0	65	
65	9-15 Cat Cages & Accessors	9/08/15	2,200			2,200	15 MO S/L	0	46	
66	Donation Center Sign	9/16/15	834			834	15 MO S/L	0	16	
67	1-15 Cash Register	1/05/15	517			517	5 MO S/L	0	102	
68	1-15 Cash Register	1/05/15	517			517	5 MO S/L	0	102	
69	Donation Center Building	7/31/15	95,250			95,250	39 MO S/L	0	1,018	
70	2015 Donation Center Building Improvements	2/31/15	10,667			10,667	39 MO S/L	0	0	
71	Donation Center Land	7/31/15	176,000			176,000	0 -- Land	0	0	
72	140 Railroad Building	8/19/15	163,800			163,800	39 MO S/L	0	1,540	
73	2015 140 Railroad Improvements	12/31/15	16,410			16,410	39 MO S/L	0	0	
74	140 Railroad Land	8/19/15	100,700			100,700	0 -- Land	0	0	
75	2006 Dodge Sprinter Van	7/28/15	22,000			22,000	5 MO S/L	0	1,870	
76	2015 Shelter Improvements	12/31/15	41,142			41,142	39 MO S/L	0	0	
77	Sprinter Signage	8/31/15	1,470			1,470	5 MO S/L	0	98	
Total Other Depreciation			2,460,722			2,460,722		144,543	56,250	
Total ACRS and Other Depreciation			2,460,722			2,460,722		144,543	56,250	

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Amortization:									
10	Software - TechSoupStock	2/10/08	300			300	5 MOAmort	300	0
23	Adopt A Firend Software	12/05/06	650			650	3 MOAmort	650	0
25	Adobe CS3 Software	1/06/09	136			136	3 MOAmort	136	0
26	Microsoft Office 2007 License	11/04/09	190			190	3 MOAmort	190	0
			<u>1,276</u>			<u>1,276</u>		<u>1,276</u>	<u>0</u>
Grand Totals			2,461,998			2,461,998		145,819	56,250
Less: Dispositions and Transfers			2,100			2,100		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>2,459,898</u>			<u>2,459,898</u>		<u>145,819</u>	<u>56,250</u>

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current	
Other Depreciation:												
1	Thrift Shop Building	4/13/01	0					0	0	HY	0	0
7	2008 Quickbooks Non Profit Edition	1/08/08	0					0	0	HY	0	0
8	Printers	2/10/08	0					0	0	HY	0	0
9	Laptop	2/10/08	0					0	0	HY	0	0
11	2 ea. Desktops & Server	2/10/08	0					0	0	HY	0	0
12	Wireless Modems	2/10/08	0					0	0	HY	0	0
14	Client & Server Anit Virus Software	4/03/08	0					0	0	HY	0	0
15	All-In-One Printer	5/12/08	0					0	0	HY	0	0
17	Photo Viewer	7/14/08	0					0	0	HY	0	0
18	Dog Run Improvements	2/20/08	0					0	0	HY	0	0
19	Thrift Shop Land	4/13/01	0					0	0	HY	0	0
22	Canon Digital Camera	12/05/06	0					0	0	HY	0	0
24	Used Clothes Dryer	8/21/09	0					0	0	HY	0	0
27	2009 Thrift Shop Improvements	11/25/09	0					0	0	HY	0	0
28	2 ea. Backup Disk Drives	1/06/01	0					0	0	HY	0	0
30	5-4-10 Laptop Computer	5/04/10	0					0	0	HY	0	0
31	Home Again Microchip Scanner	9/08/10	0					0	0	HY	0	0
32	POS System Hardware	9/08/10	0					0	0	HY	0	0
33	2010 Thrift Shop Improvements	10/01/10	0					0	0	HY	0	0
34	GE Washing Machine	10/04/10	0					0	0	HY	0	0
35	Thrift Solar Voltaic System	11/15/10	0					0	0	HY	0	0
36	7-5-11 Shelter Desktop Computer	7/05/11	0					0	0	HY	0	0
37	New Cat Enclosures	10/20/11	0					0	0	HY	0	0
38	Thrift Storage Building	11/25/11	0					0	0	HY	0	0
39	11-9-11 Shelter Manager Laptop	11/09/11	0					0	0	HY	0	0
40	Thrift Security System	12/12/11	0					0	0	HY	0	0
41	Ange Ridge Ranch 39 year	10/06/11	0					0	0	HY	0	0
42	Angel Ridge Ranch 15 year	10/06/11	0					0	0	HY	0	0
43	Angel Ridge Ranch Land	10/06/11	0					0	0	HY	0	0
44	2011 Thrift Shop Improvements	10/12/11	0					0	0	HY	0	0
45	Shelter Design (for RLIP)	1/27/11	0					0	0	HY	0	0
46	Admin Laptop	1/04/12	0					0	0	HY	0	0
47	Dog Scale, Camera & Microscope	2/08/12	0					0	0	HY	0	0
48	2011 Chevrolet Express Van	4/18/12	0					0	0	HY	0	0
49	Shelter Entrance Sign	6/25/12	0					0	0	HY	0	0
50	Van Signage	7/17/12	0					0	0	HY	0	0
51	Palay Display Rack - Thrift	9/05/12	0					0	0	HY	0	0
52	Fujitsu Scanner	1/30/13	0					0	0	HY	0	0
53	1-30-13 Thrift Desktop	1/30/13	0					0	0	HY	0	0
54	The Dog Den 39 Year	7/01/14	0					0	0	HY	0	0
55	The Dog Den 15 year	6/30/14	0					0	0	HY	0	0
56	2014 Palay Display Rack - Thrift	3/31/14	0					0	0	HY	0	0
57	2014 Shelter Desktops	6/30/14	0					0	0	HY	0	0
58	2014 Admin Laptop	7/31/14	0					0	0	HY	0	0
59	2014 Credit Card Reader	11/30/14	0					0	0	HY	0	0
60	2014 Surgical Suite	11/29/14	0					0	0	HY	0	0
61	1998 Volvo V-90 SW	2/28/14	0					0	0	HY	0	0
	Sold/Scrapped: 4/10/15											
62	2014 Thrift Improvements - South Wall	11/02/14	0					0	0	HY	0	0
63	Dog Den Shed Roofs	2/13/15	0					0	0	HY	0	0
64	10-15 Cat Enclosures	10/21/15	0					0	0	HY	0	0
65	9-15 Cat Cages & Accessors	9/08/15	0					0	0	HY	0	0
66	Donation Center Sign	9/16/15	0					0	0	HY	0	0
67	1-15 Cash Register	1/05/15	0					0	0	HY	0	0
68	1-15 Cash Register	1/05/15	0					0	0	HY	0	0
69	Donation Center Building	7/31/15	0					0	0	HY	0	0
70	2015 Donation Center Building Improvements	12/31/15	0					0	0	HY	0	0
71	Donation Center Land	7/31/15	0					0	0	HY	0	0
72	140 Railroad Building	8/19/15	0					0	0	HY	0	0
73	2015 140 Railroad Improvements	12/31/15	0					0	0	HY	0	0
74	140 Railroad Land	8/19/15	0					0	0	HY	0	0
75	2006 Dodge Sprinter Van	7/28/15	0					0	0	HY	0	0
76	2015 Shelter Improvements	12/31/15	0					0	0	HY	0	0
77	Sprinter Signage	8/31/15	0					0	0	HY	0	0
	Total Other Depreciation		<u>0</u>					<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		0					0			0	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		0			0		0	0

Depreciation Adjustment Report

All Business Activities

AMT
Adjustments/
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>
-------------	-------------	--------------	--------------------	------------	------------

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Thrift Shop Building	4/13/01	106,572	2,732	0
7	2008 Quickbooks Non Profit Edition	1/08/08	334	0	0
8	Printers	2/10/08	656	0	0
9	Laptop	2/10/08	1,157	0	0
11	2 ea. Desktops & Server	2/10/08	4,023	0	0
12	Wireless Modems	2/10/08	81	0	0
14	Client & Server Anit Virus Software	4/03/08	315	0	0
15	All-In-One Printer	5/12/08	185	0	0
17	Photo Viewer	7/14/08	243	0	0
18	Dog Run Improvements	2/20/08	13,600	906	0
19	Thrift Shop Land	4/13/01	122,615	0	0
22	Canon Digital Camera	12/05/06	137	0	0
24	Used Clothes Dryer	8/21/09	249	0	0
27	2009 Thrift Shop Improvements	11/25/09	21,665	1,445	0
28	2 ea. Backup Disk Drives	1/06/01	195	0	0
30	5-4-10 Laptop Computer	5/04/10	600	0	0
31	Home Again Microchip Scanner	9/08/10	200	0	0
32	POS System Hardware	9/08/10	1,014	0	0
33	2010 Thrift Shop Improvements	10/01/10	46,669	3,112	0
34	GE Washing Machine	10/04/10	650	0	0
35	Thrift Solar Voltaic System	11/15/10	14,000	934	0
36	7-5-11 Shelter Desktop Computer	7/05/11	380	39	0
37	New Cat Enclosures	10/20/11	9,646	643	0
38	Thrift Storage Building	11/25/11	899	161	0
39	11-9-11 Shelter Manager Laptop	11/09/11	603	102	0
40	Thrift Security System	12/12/11	499	94	0
41	Ange Ridge Ranch 39 year	10/06/11	317,931	8,152	0
42	Angel Ridge Ranch 15 year	10/06/11	31,964	2,131	0
43	Angel Ridge Ranch Land	10/06/11	287,550	0	0
44	2011 Thrift Shop Improvements	10/12/11	2,168	144	0
45	Shelter Design (for RLIP)	1/27/11	4,831	0	0
46	Admin Laptop	1/04/12	536	0	0
47	Dog Scale, Camera & Microscope	2/08/12	2,036	407	0
48	2011 Chevrolet Express Van	4/18/12	19,299	3,860	0
49	Shelter Entrance Sign	6/25/12	2,713	181	0
50	Van Signage	7/17/12	1,250	250	0
51	Palay Display Rack - Thrift	9/05/12	860	58	0
52	Fujitsu Scanner	1/30/13	429	86	0
53	1-30-13 Thrift Desktop	1/30/13	427	86	0
54	The Dog Den 39 Year	7/01/14	690,167	17,696	0
55	The Dog Den 15 year	6/30/14	62,216	4,147	0
56	2014 Palay Display Rack - Thrift	3/31/14	1,652	110	0
57	2014 Shelter Desktops	6/30/14	822	165	0
58	2014 Admin Laptop	7/31/14	691	138	0
59	2014 Credit Card Reader	11/30/14	326	65	0
60	2014 Surgical Suite	11/29/14	12,495	833	0
62	2014 Thrift Improvements - South Wall	11/02/14	5,045	337	0
63	Dog Den Shed Roofs	2/13/15	29,527	1,968	0
64	10-15 Cat Enclosures	10/21/15	4,993	333	0
65	9-15 Cat Cages & Accessors	9/08/15	2,200	147	0
66	Donation Center Sign	9/16/15	834	56	0
67	1-15 Cash Register	1/05/15	517	103	0
68	1-15 Cash Register	1/05/15	517	103	0
69	Donation Center Building	7/31/15	95,250	2,442	0
70	2015 Donation Center Building Improvements	12/31/15	10,667	274	0
71	Donation Center Land	7/31/15	176,000	0	0
72	140 Railroad Building	8/19/15	163,800	4,200	0
73	2015 140 Railroad Improvements	12/31/15	16,410	421	0
74	140 Railroad Land	8/19/15	100,700	0	0
75	2006 Dodge Sprinter Van	7/28/15	22,000	4,400	0
76	2015 Shelter Improvements	12/31/15	41,142	1,055	0
77	Sprinter Signage	8/31/15	1,470	294	0
Total Other Depreciation			2,458,622	64,810	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Total ACRS and Other Depreciation			<u>2,458,622</u>	<u>64,810</u>	<u>0</u>
<u>Amortization:</u>					
10	Software - TechSoupStock	2/10/08	300	0	0
23	Adopt A Firend Software	12/05/06	650	0	0
25	Adobe CS3 Software	1/06/09	136	0	0
26	Microsoft Office 2007 License	11/04/09	190	0	0
			<u>1,276</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>2,459,898</u>	<u>64,810</u>	<u>0</u>

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
ANIMAL CARE FOOD AND EXPENSES	\$ 71,090	\$ 71,090	\$	\$
SPAY-NEUTER PROGRAM COSTS	4,380	4,380		
VOLUNTEER SERVICES	157	62	16	79
PAYROLL SERVICE FEES	5,120	3,584	1,024	512
CREDIT CARD MERCHANT FEES	12,705	12,705		
FACILITY REPAIRS AND MAINT	15,464	13,145	1,546	773
TOTAL	<u>\$ 108,916</u>	<u>\$ 104,966</u>	<u>\$ 2,586</u>	<u>\$ 1,364</u>

Federal Statements**Schedule A, Part II, Line 10(e)**

<u>Description</u>	<u>Amount</u>
SHELTER OPERATIONS INCOME	\$ 41,422
SPAY NEUTER/FERAL CAT INCOME	8,585
OTHER MISC INCOME	6,145
FUNDRAISING	<u>53,860</u>
TOTAL	<u>\$ 110,012</u>

Fundraising**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
FOOD, FACILITIES ETC	\$ <u>13,950</u>
TOTAL	\$ <u><u>13,950</u></u>